



Jr. Ranger Program Registration Session

Child's Name: _____

Address: _____

Phone Number: _____

Age: _____ Date of Birth: _____

Parent's Name: _____

Address (if different from above): _____

Phone Number: _____

Please list any allergies or other medical conditions your child may have:

In the case of an emergency, please contact:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Parent's Signature: _____